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| REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS | Application Number | 09/708,506 |
| | Filing Date | November 9, 2000 |
| | First Named Inventor | Jeffrey Way |
| | Art Unit | 1647 |
| | Examiner Name | R. M. Deberry |
| | Attorney Docket Number | MRK-001 |

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 051414

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with Customer Number: 051414

OR

☐ Firm or
Individual Name

Address

City

Country

State

Zip

Telephone

Email

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Name

Dr. Juergen Benz

Date

June 02, 2008

Telephone

++49 6151 727022

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 1 forms are submitted.